ALLOWANCE HOT LIST

		15 575 3 49 Prepared by 12 -8
Appl.		Date
Exam	inet: T	
12 (1) 14 (1) 14 (1)		
JACI	ÇET:	
VES YES	NO NO	Primary Examiner box complete. Issuing Classification complete.
PTO-	892/1	
YES YES	NO NO	Examiner's initials or cross-through lines supplied for each item cited by applicant. Date(s) supplied/complete on all PTO-1449/892 sheets. (Month and year required.)
SPEC XES YES	NO NO	Brief Description of Drawings includes description of each figure in drawings. Continuing data is mentioned in 1 st paragraph. (Can be an insert.)
CLA	IMS:	
YES	NO NO	Claims listed on Notice of Allowability match allowed claims and/or index of claims. Claims correctly numbered in index. (No duplicate or missing claim numbers.) (No incorrect dependencies.)
CRF	E:	
	NO	If necessary (biological sequence listing).
NOT	ICE C	FALLOWABILITY:
YES	NO	Either Box No. 3 (drawings accepted) or Box No. 8 (corrected drawing request) has been checked.
	BIE	B DATA SHEET:
	yes	NO Initialed BIB Sheet in file.